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24247 7590 10/19/2007

TRASK BRITT P.O. BOX 2550

SALT LAKE CITY, UT 84110

VIA ELECTRONIC FILING JANUARY 17, 2008

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TORNEY DOCKET NO.	CONFIRMATION NO.
10/804,366 03/19/2004 TITLE OF INVENTION: METHODS OF SELECTIVELY REMO		CTIVELY BEMOVING	Kyle K. Kirby		2269-6208US (03-0852.00/U	9222
TITLE OF INVENTION	: METHODS OF SELE	CIIVELY REMOVING	SILICON		•	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FI	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	50	\$1740	01/22/2008
- EXAMINER		ART UNIT	CLASS-SUBCLASS			
PHAM, THANHHA S		2813	438-700000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 TRASKBRITT			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered atomey or agen) and the names of up to 2 registered patent atomeys or agents. If no name is listed, no name will be printed.			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.						
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MICRON TE	CHNOLOGY, INC		Boise, Idaho			
				150 -		
Please check the appropr	iate assignce category or	categories (will not be pr	inted on the patent):	Individual A.M Corpo	ration or other private gre	oup entity Government
4a. The following fee(s):	are submitted:	48	. Payment of Fcc(s): (Plea	se first reapply any p	reviously paid issue fee	shown above)
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Advance Order - # of Copies			The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1/469 (enclose an extra copy of this form).			
5. Change in Entity Star	tus (from status indicates	d above)			· · · · · · · · · · · · · · · · · · ·	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.						
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Authorized Signature	1111	D X		Date Janua	ity 17, 2000	
Typed or printed name			Registration No. 56,957			
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